

Case Number:	CM13-0039621		
Date Assigned:	12/20/2013	Date of Injury:	09/03/2008
Decision Date:	02/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 38-year-old female injured on 09/03/08. Specific to her left ulnar nerve, particularly at the cubital tunnel, there is documentation that a left cubital tunnel release procedure was performed on 11/10/10. The claimant is noted to also be status post two cubital tunnel surgeries with a revision release and ulnar nerve transposition on 02/15/12 as well as two prior carpal tunnel release surgeries on the right and one prior left carpal tunnel release on 05/22/09. A recent 11/23/13 assessment by [REDACTED] documented the claimant's diagnosis was recurrent cubital tunnel syndrome of the left upper extremity. Subjectively, [REDACTED] documented continued numbness and tingling to the digits, worse in the ring and small fingers. Upper extremity examination demonstrated a positive compression test at the left carpal and cubital canal with positive Tinel's sign at the left cubital canal. Grip strength was equal and symmetrical. It was noted that previous electrodiagnostic studies dated 08/05/11 were prior to the claimant's surgical process to the left cubital tunnel. The treating physician documented that the claimant's post procedural electrodiagnostic studies showed median compression, but did not document ulnar findings. There were no electrodiagnostic studies for review. Based on recurrent history of symptoms and physical exam findings a revision procedure of cubital tunnel release with transposition and a z-plasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient left open re-do cubital tunnel release with ulnar nerve transposition: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The Physician Reviewer's decision rationale: Based on CA MTUS ACOEM Guidelines and supported by Official Disability Guidelines criteria, the revision procedure to the claimant's cubital tunnel would not be indicated. The records in this case do not indicate postoperative electrodiagnostic studies that correlate clearly the claimant's diagnosis of recurrent cubital tunnel syndrome, nor demonstrate subluxation of the ulnar nerve for which a transposition would be indicated. Based on the above the claimant would fail to meet California ACOEM Guidelines that clearly indicate that a firm diagnosis of cubital tunnel needs to be supported both by physical examination and electrodiagnostic testing.

Z plasty tendon transfer of flexor pronator origin left forearm for stabilization of ulnar nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The Physician Reviewer's decision rationale: The specific surgical request in this case would not be indicated as a need of cubital tunnel release procedure has not been established by the CA MTUS ACOEM 2007 Guideline criteria.

Post-operative long arm splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Splinting (padding).

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, postoperative use of splint would not be indicated as the need of operative intervention in this case has not yet been established.

An assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon. Assistant Surgeon Guidelines (Codes 64712 to 65135) CPT® Y/N Description , 64718 N Neuroplasty and/or transposition; ulnar nerve at elbow.

Decision rationale: CA MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon for a cubital tunnel release procedure in this case would not be indicated as the need for operative intervention has not yet been established.

Post-operative physical therapy (pt) two times a week for five weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post Surgical 2009 Rehabilitative Guidelines would not support the continued role of physical therapy as the need of operative intervention in this case has not been established thus negating the need for any postoperative physical therapy assessment or treatment.